

AMBULANCE REVENUE AND COST REPORT

GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Southwest Ambulance of Casa Grande, Inc. CON No.: 85  
DBA (Doing Business As): Southwest Ambulance of Casa Grande Phone: (800) 352-2309  
Financial Records Address: 8465 N. Pima Road City: Scottsdale Zip Code: 85258  
Mailing Address (If Different): \_\_\_\_\_  
Owner/Manager: Rural/Metro Corporation  
Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. \_\_\_\_\_  
Report for Period: From: January 1, 2014 To: December 31, 2014  
Method of Valuing Inventory: LIFO ( ) FIFO (X) Other (Explain): \_\_\_\_\_

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

Rural/Metro Corporation

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature:



Title:

Vice President

Date:

6-29-15

Mail to:

Arizona Department of Health Services  
Bureau of Emergency Medical Services and Trauma System  
Certificate of Necessity and Rates Section  
150 North 18th Avenue, Suite 540  
Phoenix AZ 85007-3248  
Telephone: (602) 364-3150  
Fax: (602) 364-3567

Revised August 2013

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# **AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Casa Grande

**FOR THE PERIOD**      **FROM:** 1/1/14      **TO:** 12/31/14

## **STATISTICAL SUPPORT DATA**

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4)  <u>TOTALS</u>
01	Number of ALS Billable Transports:	0	0	12,591	12,591
02	Number of BLS Billable Transports:	0	0	6,480	6,480
03	Number of Loaded Billable Miles:	0	0	374,420	374,420
04	Waiting Time (Hr. & Min.):	0.0	0.0	15.0	15.0
05	Cancelled (Non-billable) Runs:				9,650 *
					Number
	<b>Volunteer Services: (OPTIONAL)</b>				<b>Donated Hours</b>
06	Paramedic, EMT-I, and AEMT				0
07	Emergency Medical Technician (EMT)				0
08	Other Ambulance Attendants				0
09	Total Volunteer Hours				0

\*\*This column reports only those runs where a contracted discount rate was applied. See page 7 to provide additional information regarding discounted contract runs.

\* Number shown is total number of calls minus number of transports

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande**

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
<b>Operating Revenue:</b>			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$33,958,692</u>
<b>Less:</b>			
02	AHCCCS Settlement.....		<u>(\$7,600,080)</u>
03	Medicare Settlement.....		<u>(\$3,728,426)</u>
04	Contractual Discounts.....	Pg 7 Ln 22	<u>\$0</u>
05	Subscription Service Settlement.....	Pg 8 Ln 4	<u>\$0</u>
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$11,328,506)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$22,630,187</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$1,655</u>
10	Total Operating Revenue.....		<u>\$22,631,842</u>
<b>Ambulance Operating Expenses:</b>			
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>\$9,769,708</u>
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	<u>\$6,650,170</u>
13	General and Administrative Expenses.....	Pg 5 Ln 20	<u>\$1,180,721</u>
14	Cost of Goods Sold.....	Pg 3 Ln 15	<u>\$500,016</u>
15	Other Operating Expenses.....	Pg 6 Ln 28	<u>\$1,195,626</u>
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	<u>\$813,884</u>
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	<u>\$0</u>
18	Total Operating Expenses.....		<u>\$20,110,126</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>\$2,521,716</u>
<b>Other Revenues/Expenses:</b>			
20	Other Operating Revenue and (Expenses) .....	Pg 9 Ln 17	<u>\$7,402</u>
21	Non-Operating Revenue and (Expenses) .....		<u>\$0</u>
22	Non-Deductible Expenses (Attach Schedule).....		<u>\$1</u>
23	Total Other Revenue/Expenses.....		<u>\$7,402</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>\$2,529,118</u>
<b>Provision for Income Taxes:</b>			
25	Federal Income Taxes.....		<u>\$859,900</u>
26	State Income Tax.....		<u>\$177,038</u>
27	Total Income Tax.....		<u>\$1,036,938</u>
28	Ambulance Service - Net income (Loss)		<u>\$1,492,179</u>

Note: See the Notes to this Statement of Income reported on ARCR page "Notes 2 Notes"

## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande**

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FOR THE PERIOD

FROM: 1/1/14

TO: 12/31/14

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Note 1 Statement of Income data does not include amortization of Intangible Assets and does not include charges related to the closing of Rural/Metro billing offices.

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande**

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Non-Deductible Expenses:	
22.1	Contributions and Penalties
22.2	
22.3	
22.4	
22.5	
22.6	
22.7	
22	Total.....Page 2, Non-Deductible Expenses

\$1

\$1

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

### ROUTINE OPERATING REVENUE

Line  
No.

#### DESCRIPTION

#### Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	12,591	=	\$ 16,756,129
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	6,480	=	\$ 8,010,888
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	374,420	=	\$ 7,812,757
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	15.0	=	\$ 4,648
		Rate		x No. of Hours		=	

(a) Ambulance Service Rates and Charges in Effect During The Year

5	Medical Supplies (Gross Charges To Patients)		\$ 1,373,495
6	Nurses Charges		\$ 0
7	Total		\$ 33,957,917
8	Standby Revenue (Attach Schedule)		\$ 775
9	Other Ambulance Service Revenue (Attach Schedule)		\$ 0
10	<b>Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)</b>		<b>\$ 33,958,692</b>

#### Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year	N/A
12	Plus Purchases	
13	Plus Other Costs	
14	Less Inventory at End of Year	N/A
15	<b>Cost of Goods Sold (To Page 2, Line 14)</b>	<b>\$ 500,016 *</b>

\* The disposable medical supplies are expensed as used and are not inventoried by CON

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)	0.0	\$0
02	Payroll Taxes.....		\$0
03	Employee Benifits.....		\$0
04	Total.....	0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....	3.6	\$158,088
06	Payroll Taxes.....		\$11,774
07	Employee Benifits.....		\$27,139
08	Total.....	3.6	\$197,001
<b>Gross Wages - AMBULANCE PERSONNEL</b>			
(Attach schedule II):			
		**Casual Labor	Wages
09	Paramedic, EMT-I, and AEMT.....	\$162,980	69.8
10	Emergency Medical Technician (EMT).....		64.4
11	Nurses.....		2.1
12	Payroll Taxes.....		\$327,386
13	Employee Benifits.....		\$754,625
14	Total.....	136.3	\$5,640,798
<b>Gross Wages - OTHER PERSONNEL (Attach Schedule II):</b>			
15	Dispatch.....	5.8	\$215,979
16	Mechanics.....	4.5	\$195,389
17	Office and Clerical.....	2.7	\$90,098
18	Other.....	3.5	\$150,441
19	Payroll Taxes.....		\$48,552
20	Employee Benifits.....		\$111,912
21	Total.....	16.6	\$812,372
22	Total F.T.E.'s Wages, Payroll Taxes and Employee Benefits (To Page 2, Line 12).....	156.5	\$6,650,170

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080

\*\* The sum of casual Labor (wages paid on a per run basis) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## GENERAL AND ADMINISTRATIVE EXPENSES

Line

No. DESCRIPTION

<b>Professional Services:</b>		
01	Legal Fees	\$0
02	Collection Fees	\$204,915
03	Accounting and Auditing	\$2,017
04	Data Processing Fees	\$0
05	Other (Schedule Attached)	\$61,202
06	Total.....	<u>\$268,134</u>
<b>Travel and Entertainment:</b>		
07	Meals and Entertainment.....	\$840
08	Transportation - Other Company Vehicles.....	\$0
09	Travel.....	\$3,496
10	Other: .....	
11	Total.....	<u>\$4,335</u>
<b>Other General and Administrative:</b>		
12	Office Supplies.....	\$18,122
13	Postage.....	\$11,503
14	Telephone.....	\$87,364
15	Advertising.....	\$964
16	General Liability Insurance.....	(\$1,544)
17	Dues and Subscriptions.....	\$5,754
18 a	Other (Schedule Attached).....	\$106,505
18 b	Other: Corporate Support Services.....	\$679,583
19	Total.....	<u>\$908,251</u>
20	Total General and Administrative Expenses (To Page 2, Line 13).....	<u><u>\$1,180,721</u></u>

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Other Professional Services:		
5.1	Public Affairs / Public Relations	\$14,444
5.2	Management & Human Resources	\$5,976
5.3	Medical Direction	\$11,205
5.4	Other (did not fit any other line item)	\$29,578
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	\$61,202

Other General and Administrative:		
18.a.1	Public Relations	\$15
18.a.2	Printing	\$15,393
18.a.3	Business Licenses & Misc Taxes	\$54,352
18.a.4	Bank Charges, Outside Claims & Miscellaneous	\$36,745
18.a.5		
18.a	Total.....Page 5, Other General & Administrative.	\$106,505

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande**

**FOR THE PERIOD** FROM: 1/1/14 TO: 12/31/14

## OTHER OPERATING EXPENSES

Line No.	DESCRIPTION		
	<b>Depreciation and Amortization:</b>		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$272,050	
02	Amortization.....	\$0	
03	Total.....		<u>\$272,050</u>
04	Rent/Lease (Attach Schedule III Ln 20 Col K Pg 13		<u>\$308,520</u>
	<b>Building/Station Expense:</b>		
05	Building & Cleaning Supplies.....	\$5,597	
06	Utilities.....	\$61,166	
07	Property Taxes.....	\$9,225	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$52,129	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$128,117</u>
	<b>Vehicle Expense - Ambulance Units:</b>		
12	Licenses / Registration.....	\$17,645	
13	Fuel.....	\$280,941	
14	General Vehicle Service & Maintenance.....	\$5,298	
15	Major Repairs.....		
16	Insurance - Service Vehicles.....	\$50,910	
17	Other: Tires	\$46,282	
18	Total.....		<u>\$401,075</u>
	<b>Other Expenses:</b>		
19	Dispatch.....	\$64,707	
20	Education / Training.....	\$748	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....		
23	Maintenance Contracts.....	\$17,311	
24	Minor Equipment - Not Capitalized.....	\$3,098	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule) .....		
27	Total.....		<u>\$85,864</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u><u>\$1,195,626</u></u>

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01					
02	N/A				
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
ALLOWANCE TOTAL To Page 2 Line 4		0	\$0		\$0

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (Informational Only - Detail Reported On Page 2 Line 1)	
	LESS:	
02	AHCCCS Settlement .....	
03	Medicare Settlement .....	
04	Subscription Service Settlements .....	
05	Subscription Service Bad Debt .....	
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	
07	Net Revenue from Subscription Service Runs .....	
08	Sales of Subscription Contracts (To Page 2 Line 9) .....	\$1,655
09	Other Revenue (Attach Schedule) .....	
10	Total Subscription Service Revenue .....	
	<b>Direct Expenses Incurred Selling Subscription Contracts:</b>	
11	Salaries/Wages .....	
12	Payroll Taxes .....	
13	Employee Fringe Benefits .....	
14	Professional Services .....	
15	Contract Labor .....	
16	Travel .....	
17	Other General & Administrative Expenses .....	
18	Depreciation/Amortization .....	
19	Rent/Lease .....	
20	Building/Station Expenses .....	
21	Transportation-Vehicles .....	
22	Other (Not Classified Above and Misc) .....	
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## OTHER OPERATING REVENUES AND EXPENSES

Line  
No.

DESCRIPTION

Other Operating Revenues:

01	Supportive Funding - Local (Attach Schedule)		
02	Grant Funds - State (Attach Schedule)		
03	Grant Funds - Federal (Attach Schedule)		
04	Grant Funds - Other (Attach Schedule)		
05	Patient Finance Charges		
06	Patient Late Payment Charges		
07	Interest Earned - Related Person/Organization		
08	Interest Earned - Other		
09	Interest Income and Miscellaneous Revenue	\$2,213	
10	Gain On Sale of Operating Property	5,189	
11	Other:		
12	Total Other Operating Revenues		\$7,402
Other Operating Expenses:			
13	(Loss) On Sale of Operating Property	\$0	
14	Other:		
15	Other:		
16	Total Other Operating Expenses		\$0
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		\$7,402

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## SCHEDULE I DETAIL OF SALARIES / WAGES

### Officers / Owners

Line No.	Name	Title	% of Owner-ship	Manage-ment	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	Totals Wages Paid To Owners	*FTE
01	N/A		\$				\$					\$	
02													
03													
04													
05													
06													
07	Total		\$				\$					\$	N/A
													2

\* Full - time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

1 Total wages paid to owners to Page 4 Col 2 Line 01.

2 Total FTEs to Page 4 Col 1 Line 01.

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Casa Grande

**FOR THE PERIOD** FROM: 1/1/14 TO: 12/31/14

## SCHEDULE II DETAIL OF SALARIES / WAGES

Management, Ambulance Personnel, Other Personnel

Line  
No.

Detail of Salaries/Wages - Other Than Officers/Owners

**01 MANAGEMENT:**

**METHOD OF COMPENSATION**

Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	\$'s per Run or Shift
Various Local Management	40 Hours a week	x	x	N/A
Various Regional Management	40 Hours a week	x	x	N/A
<b>02 AMBULANCE PERSONNEL:</b>				
Paramedic	56/50/48/40 hours/week	x		N/A
EMT	56/50/48/40 hours/week	x		N/A
Nurse	56/50/48/40 hours/week	x		N/A
<b>03 OTHER PERSONNEL</b>				
Various Support Staff	40 Hours a week	x	x	N/A

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## SCHEDULE III

### DEPRECIATION AND/OR RENT/LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)

A	B	C	D	E	F	G	H	I	J	K
Line	Description of Property	Date Placed in Service	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Deprec. Prior Years	Current Year Deprec.	Remaining Basis	Rent/Lease Amount*
01	Vehicle Rental		100%							\$0
02	Equipment Rental		100%							\$0
03										
04	Ambulances	Various	100%	\$609,482	SL	Various	\$0	\$164,392	\$421,734	
05	Accessorial Equipment	Various	100%	\$65,250	SL	Various	\$0	\$32,625	\$32,625	
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20	SUBTOTAL			\$674,732				\$197,017		\$0

\* Complete description of property, date placed in service, and rent/lease amount columns only.

To Pg 13  
Ln 19, Col I

To Pg 13  
Ln 19, Col K



# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## SCHEDULE III DEPRECIATION AND/OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)

A	B	C	D	E	F	G	H	I	J	K
Line	Description of Property	Date Placed in Service	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Deprec. Prior Years	Current Year Deprec.	Remaining Basis	Rent/Lease Amount*
01	Rented Real Estate		100%							\$290,255
02	OH Vehicle Rental		100%							\$0
03	OH Equipment Rental		100%							\$18,264
04										
05	Other Vehicles	Various	100%	\$10,000	SL	Various	\$0	\$1,333	\$8,667	
06	Non-Vehicle Fixed Assets	Various	100%	\$9,958	SL	Various	\$0	\$3,488	\$6,470	
07										
08	OH Vehicles	Various	100%		SL	Various		\$8,881		
09	OH Non-Vehicle Fixed Assets	Various	100%		SL	Various		\$61,332		
10										
11										
12										
13										
14										
15										
16										
17										
18	SUBTOTAL (above)			\$19,958			\$0	\$75,034		\$308,520
19	SUBTOTAL (from Pg 12 Ln 20)			\$674,732				\$197,017		\$0
20	SUM of Ln 18 and 19			\$694,689			\$0	\$272,050		\$308,520

To Pg 6, Ln 01

\* Complete description of property, date placed in service, and rent/lease amount columns only.

# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## Schedule IV DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beg. of Period	(3) End of Period	(4) Interest Expense Related Persons or Organizations	(5) Other
<u>Service Vehicles &amp; Accessorial Equipment</u>						
Name of payee:						
01		%	\$		\$	
02						
03						
04						
<u>Communications Equipment</u>						
Name of Payee:						
05		%	\$		\$	
06						
07						
<u>Other Property &amp; Equipment</u>						
Name of Payee:						
08		%	\$		\$	
09						
10						
<u>Working Capital</u>						
Name of Payee:						
11	Various - See Audited Financials	Various	In Corp Balances \$		0	\$813,884
12						
13						
<u>Other</u>						
Name of Payee:						
14		%	\$		\$	
15	<b>TOTAL</b>		N/A	N/A	0	\$813,884

---- (To Pg 2, Cl 2, Ln 16) ----

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD

FROM: 1/1/14

TO: 12/31/14

## BALANCE SHEET

(in thousands, except shares)

### ASSETS

Current assets:		
01	Cash and cash equivalents	\$ 373
02	Restricted cash	24
03	Accounts receivable, net	2,239
04	Inventories	105
05	Deferred tax assets, net	480
06	Prepaid expenses and other current assets	161
07	Total current assets	3,381
08	Property and equipment, net	1,025
09	Goodwill	2,224
10	Intangible assets, net	2,908
11	Deposits	623
12	Deferred tax assets, net	0
13	Other assets	96
14	Total assets	\$ 10,257

### LIABILITIES AND STOCKHOLDER'S EQUITY

15	Accounts payable	\$ 458
16	Accrued and other current liabilities	622
17	Deferred revenue	282
18	Deferred tax liabilities, net	0
19	Current portion of long-term debt	369
20	Total current liabilities	1,731
21	Long-term debt, net of current portion	5,474
22	Deferred tax liabilities, net	1,557
23	Other liabilities	588
24	Total liabilities	9,349
Stockholder's equity:		
Common stock, \$0.01 par value, 900 shares authorized,		
25	100 shares issued and outstanding	0
Preferred stock, \$0.01 par value, 100 shares authorized,		
26	zero shares issued and outstanding	0
27	Additional paid-in capital	1,593
28	Accumulated other comprehensive loss	(30)
29	Accumulated deficit	(655)
30	Total stockholder's equity	907
31	Total liabilities and stockholder's equity	\$ 10,257

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# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

## STATEMENT OF CASH FLOWS

(in thousands)

Cash flows from operating activities:		
01	Net loss	\$ (655)
Adjustments to reconcile net loss to net cash used in operating activities:		
02	Depreciation and amortization	445
03	Amortization of debt issuance costs	15
04	Accretion of interest on debt	61
05	Share-based compensation expense	3
06	Loss on sale of assets and property and equipment	6
07	Impairment of property and equipment, goodwill and intangible assets	34
Change in assets and liabilities:		
08	Accounts receivable, net	(930)
09	Inventories	7
10	Prepaid expenses and other current assets	47
11	Deposits	(3)
12	Other assets	22
13	Accounts payable	(64)
14	Accrued and other current liabilities	116
15	Deferred revenue	(7)
16	Other liabilities	101
17	Net cash used in operating activities	(804)
Cash flows from investing activities:		
18	Purchase of property and equipment	(339)
19	Proceeds from the sale/disposal of property and equipment	6
20	Decrease in restricted cash	190
21	Net cash used in investing activities	(143)
Cash flows from financing activities:		
22	Borrowings on Working Capital Loan	332
23	Payments on capital leases	(12)
24	Reduction of Deposits related to Backstop Loan	6
25	Payments on Backstop Loan	(6)
26	Debt issuance costs	(47)
27	Proceeds received from Reorganized Parent's issuance of equity	357
28	Net cash provided by financing activities	631
29	Decrease in cash and cash equivalents	(316)
30	Cash and cash equivalents, beginning of period	689
31	Cash and cash equivalents, end of period	\$ 373

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande**

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**FOR THE PERIOD**                      **FROM: 1/1/14**                      **TO: 12/31/14**

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The Notes below apply to the preceding Ambulance Revenue and Cost Report Page 15 and Page 16.

Note 1    The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 are Special Purpose Reports.

Note 2    The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports formats do not comply with generally accepted accounting principles and are not prepared using the accrual method of accounting.

Note 3    The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports are unaudited.

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